

NC Medicaid Dental Reimbursement Rates

Effective Date: January 1, 2009

*CDT-2009/2010 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2008 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.*

CDT- 2009/2010 Code	Description	Medicaid Rate
D0120	Periodic oral evaluation	27.01
D0140	Limited oral evaluation - problem focused	38.50
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	38.07
D0150	Comprehensive oral evaluation - new or established patient	46.72
D0160	Detailed and extensive oral evaluation - problem focused, by report	71.50
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	30.09
D0210	Intraoral - complete series (including bitewings)	75.19
D0220	Intraoral - periapical first film	15.62
D0230	Intraoral - periapical each additional film	12.60
D0240	Intraoral - occlusal film	16.74
D0250	Extraoral - first film	22.54
D0260	Extraoral - each additional film	18.62
D0270	Bitewing - single film	11.88
D0272	Bitewings - two films	19.38
D0273	Bitewings - three films	26.46
D0274	Bitewings - four films	33.60
D0290	Posterior-anterior or lateral skull and facial bone survey film	47.04
D0310	Sialography	100.94
D0320	Temporomandibular joint arthrogram, including injection	205.80
D0330	Panoramic film	62.05
D0340	Cephalometric film	54.88
D0470	Diagnostic casts	44.80
D0473	Accession of tissue, gross and microscopic examination	50.96
D1110	Prophylaxis - adult	39.90
D1120	Prophylaxis - child	28.50
D1203	Topical application of fluoride - child	16.80
D1204	Topical application of fluoride - adult	16.80
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	16.80
D1351	Sealant - per tooth	29.93
D1510	Space maintainer - fixed - unilateral	200.00
D1515	Space maintainer - fixed - bilateral	280.00
D2140	Amalgam - one surface, primary or permanent	67.62
D2150	Amalgam - two surfaces, primary or permanent	85.68
D2160	Amalgam - three surfaces, primary or permanent	99.20
D2161	Amalgam - four or more surfaces, primary or permanent	109.20
D2330	Resin-based composite - one surface, anterior	69.02
D2331	Resin-based composite - two surfaces, anterior	85.26
D2332	Resin-based composite - three surfaces, anterior	100.80
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	127.68
D2390	Resin-based composite crown, anterior	181.50
D2391	Resin-based composite - one surface, posterior	83.79
D2392	Resin-based composite - two surfaces, posterior	124.25
D2393	Resin-based composite - three surfaces, posterior	151.11
D2394	Resin-based composite - four or more surfaces, posterior	183.10
D2930	Prefabricated stainless steel crown - primary tooth	151.11
D2931	Prefabricated stainless steel crown - permanent tooth	162.50
D2932	Prefabricated resin crown	177.55
D2933	Prefabricated stainless steel crown with resin window	198.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	198.00
D2940	Sedative filling	41.65
D2950	Core buildup, including any pins	102.90

Revised Date: January 1, 2009

NC Medicaid Dental Reimbursement Rates

Effective Date: January 1, 2009

*CDT-2009/2010 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2008 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.*

CDT- 2009/2010 Code	Description	Medicaid Rate
D2951	Pin retention - per tooth, in addition to restoration	24.99
D2970	Temporary crown (fractured tooth)	146.34
D3220	Therapeutic pulpotomy (excluding final restoration)	84.93
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	84.93
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	150.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	200.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	297.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	351.00
D3330	Endodontic therapy, molar (excluding final restoration)	429.30
D3351	Apexification/recalcification - initial visit	144.72
D3352	Apexification/recalcification - interim medication replacement	105.30
D3353	Apexification/recalcification - final visit	210.60
D3410	Apicoectomy/periradicular surgery - anterior	272.16
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	260.28
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth per quadrant	96.66
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	306.72
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth per quadrant	259.20
D4341	Periodontal scaling and root planing - four or more contiguous teeth per quadrant	105.30
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	61.25
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	70.56
D4910	Periodontal maintenance	51.94
D5110	Complete denture - maxillary	612.50
D5120	Complete denture - mandibular	612.50
D5130	Immediate denture - maxillary	664.44
D5140	Immediate denture - mandibular	664.44
D5211	Maxillary partial denture - resin base	454.23
D5212	Mandibular partial denture - resin base	454.23
D5213	Maxillary partial denture - cast metal framework with resin denture bases	656.60
D5214	Mandibular partial denture - cast metal framework with resin denture bases	656.60
D5410	Adjust complete denture - maxillary	33.32
D5411	Adjust complete denture - mandibular	33.32
D5421	Adjust partial denture - maxillary	33.32
D5422	Adjust partial denture - mandibular	33.32
D5510	Repair broken complete denture base	80.80
D5520	Replace missing or broken teeth - complete denture (each tooth)	68.11
D5610	Repair resin denture base	80.80
D5620	Repair cast framework	109.76
D5630	Repair or replace broken clasp	155.00
D5640	Replace broken teeth - per tooth	68.60
D5650	Add tooth to existing partial denture	83.30
D5660	Add clasp to existing partial denture	125.00
D5730	Reline complete maxillary denture (chairside)	142.10
D5731	Reline complete mandibular denture (chairside)	142.10
D5740	Reline maxillary partial denture (chairside)	139.65
D5741	Reline mandibular partial denture (chairside)	139.65
D5750	Reline complete maxillary denture (laboratory)	180.81
D5751	Reline complete mandibular denture (laboratory)	180.81
D5760	Reline maxillary partial denture (laboratory)	176.40
D5761	Reline mandibular partial denture (laboratory)	176.40
D6985	Pediatric partial denture, fixed	359.17
D7111	Extraction, coronal remnants - deciduous tooth	54.00

Revised Date: January 1, 2009

NC Medicaid Dental Reimbursement Rates

Effective Date: January 1, 2009

*CDT-2009/2010 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2008 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.*

CDT- 2009/2010 Code	Description	Medicaid Rate
D7140	Extraction, erupted tooth or exposed root	66.55
D7210	Surgical removal of erupted tooth	114.40
D7220	Removal of impacted tooth - soft tissue	130.14
D7230	Removal of impacted tooth - partially bony	173.85
D7240	Removal of impacted tooth - completely bony	202.50
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	243.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	124.74
D7260	Oroantral fistula closure	398.87
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	221.40
D7280	Surgical access of an unerupted tooth	199.26
D7283	Placement of device to facilitate eruption of impacted tooth	224.10
D7285	Biopsy of oral tissue - hard (bone, tooth)	143.08
D7286	Biopsy of oral tissue - soft (all others)	113.30
D7288	Brush biopsy - transepithelial sample collection	113.30
D7310	Alveoloplasty in conjunction with extractions - four or more tooth spaces, per quadrant	107.80
D7311	Alveoloplasty in conjunction with extractions - one to three tooth spaces, per quadrant	100.80
D7320	Alveoloplasty not in conjunction with extractions - four or more tooth spaces, per quadrant	157.29
D7321	Alveoloplasty not in conjunction with extractions - one to three tooth spaces, per quadrant	141.12
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	548.59
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts)	1,016.32
D7410	Excision of benign lesion up to 1.25 cm	169.11
D7411	Excision of benign lesion greater than 1.25 cm	221.48
D7412	Excision of benign lesion, complicated	292.04
D7413	Excision of malignant lesion up to 1.25 cm	243.04
D7414	Excision of malignant lesion greater than 1.25 cm	355.74
D7415	Excision of malignant lesion, complicated	426.30
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	196.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	350.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	186.20
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	238.63
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	247.50
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	370.61
D7465	Destruction of lesion(s) by physical or chemical method, by report	146.51
D7471	Removal of lateral exostosis (maxilla or mandible)	236.37
D7472	Removal of torus palatinus	274.40
D7473	Removal of torus mandibularis	272.93
D7485	Surgical reduction of osseous tuberosity	245.98
D7490	Radical resection of mandible with bone graft	3,109.05
D7510	Incision and drainage of abscess - intraoral soft tissue	116.25
D7520	Incision and drainage of abscess - extraoral soft tissue	250.00
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	132.30
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	245.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	319.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	400.82
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,604.75
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1,260.77
D7630	Mandible - open reduction (teeth immobilized, if present)	1,581.23
D7640	Mandible - closed reduction (teeth immobilized, if present)	1,242.15
D7650	Malar and/or zygomatic arch - open reduction	1,434.72
D7660	Malar and/or zygomatic arch - closed reduction	1,219.12
D7670	Alveolus - closed reduction, may include stabilization of teeth	498.82

Revised Date: January 1, 2009

NC Medicaid Dental Reimbursement Rates

Effective Date: January 1, 2009

*CDT-2009/2010 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2008 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.*

CDT- 2009/2010 Code	Description	Medicaid Rate
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,408.35
D7710	Maxilla - open reduction	1,690.50
D7720	Maxilla - closed reduction	1,230.88
D7730	Mandible - open reduction	1,715.00
D7740	Mandible - closed reduction	1,327.90
D7750	Malar and/or zygomatic arch - open reduction	1,512.14
D7760	Malar and/or zygomatic arch - closed reduction	1,673.84
D7770	Alveolus - open reduction stabilization of teeth	980.00
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,884.14
D7810	Open reduction of dislocation	1,565.55
D7820	Closed reduction of dislocation	191.10
D7830	Manipulation under anesthesia	250.88
D7840	Condylectomy	2,025.17
D7850	Surgical discectomy, with/without implant	2,041.34
D7858	Joint reconstruction	1,401.15
D7860	Arthrotomy	624.65
D7865	Arthroplasty	1,055.64
D7870	Arthrocentesis	129.85
D7872	Arthroscopy - diagnosis, with or without biopsy	485.84
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	578.26
D7910	Suture of recent small wounds up to 5 cm	174.94
D7911	Complicated suture - up to 5 cm	271.80
D7912	Complicated suture - greater than 5 cm	337.33
D7920	Skin graft	895.23
D7940	Osteoplasty - for orthognathic deformities	1,456.38
D7941	Osteotomy - mandibular rami	3,806.46
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	3,505.68
D7944	Osteotomy - segmented or subapical	2,911.68
D7945	Osteotomy - body of mandible	3,024.00
D7946	LeFort I (maxilla - total)	3,546.72
D7947	LeFort I (maxilla - segmented)	3,585.06
D7948	LeFort II or LeFort III - without bone graft	4,105.08
D7949	LeFort II or LeFort III - with bone graft	4,714.74
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla	1,006.95
D7955	Repair of maxillofacial soft and hard tissue defect	1,285.28
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	185.22
D7963	Frenuloplasty	282.08
D7971	Excision of pericoronal gingiva	160.00
D7972	Surgical reduction of fibrous tuberosity	269.50
D7980	Sialolithotomy	319.17
D7981	Excision of salivary gland, by report	564.01
D7982	Sialodochoplasty	611.03
D7983	Closure of salivary fistula	401.80
D7990	Emergency tracheotomy	453.25
D7991	Coronoidectomy	1,440.60
D8080	Comprehensive orthodontic treatment of the adolescent dentition	857.47
D8670	Periodic orthodontic treatment visit (as part of contract)	100.80
D9110	Palliative (emergency) treatment of dental pain - minor procedure	44.59
D9220	Deep sedation/general anesthesia - first 30 minutes	156.06
D9221	Deep sedation/general anesthesia - each additional 15 minutes	66.42
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	45.00

Revised Date: January 1, 2009

NC Medicaid Dental Reimbursement Rates

Effective Date: January 1, 2009

*CDT-2009/2010 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2008 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.*

CDT- 2009/2010 Code	Description	Medicaid Rate
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	162.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	62.10
D9410	House/extended care facility call	78.40
D9420	Hospital call	123.95
D9440	Office visit - after regularly scheduled hours	61.25
D9610	Therapeutic parenteral drug, single administration	36.75
D9630	Other drugs and/or medicaments, by report	15.92